

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002011

FILED
Feb 26, 2012
Secretary of State

Entity Name: CANDESCENT HEALING, LLC

Current Principal Place of Business:

220 WHITE PLAINS ROAD
TARRYTOWN, NY 10591

New Principal Place of Business:

Current Mailing Address:

220 WHITE PLAINS ROAD
TARRYTOWN, NY 10591

New Mailing Address:

FEI Number: 27-0850121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JENKS, STEPHEN M
Address: 2 OLIVER ST
City-St-Zip: BOSTON, MA 02109

Title: MGR
Name: MCGRATH, ALEXANDER S
Address: 2 OLIVER ST
City-St-Zip: BOSTON, MA 02109

Title: MGR
Name: DONOVAN, KAREN S
Address: 2 OLIVER ST
City-St-Zip: BOSTON, MA 02109

Title: MGR
Name: WILLIAMS, DAVID E
Address: 2 OLIVER ST
City-St-Zip: BOSTON, MA 02109

Title: MGR
Name: FEIN, ROBERT
Address: 3 CROSSWAYS PARK WEST
City-St-Zip: WOODBURY, NY 11791

Title: MGR
Name: GLASBY, CINDY
Address: PO BOX 743 SUITE 5 WATERGARDENS 4
City-St-Zip: WATERSPORT, GIBRALTAR,

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN JENKS

MGR

02/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date